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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	1997DE403C/CIP
	First Inventor	Matthias KRULL
	Title	FUEL OILS BASED ON MIDDLE DISTILLATES...
	Express Mail Label No.	EL070295443US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>
3. <input checked="" type="checkbox"/> Specification <small>[Total Pages 20]</small> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings <small>(if filed)</small>- Detailed Description- Claim(s)- Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) <small>[Total]</small>	ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small> 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 <small>(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</small> 17. <input type="checkbox"/> Other:
5. Oath or Declaration <small>[Total Pages]</small> <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newb. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small><ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76 <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No. 09/111,548 <small>Prior application information: Examiner Margaret B. Medley Group / Art Unit 1714</small>	

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label		25255		or <input checked="" type="checkbox"/> Correspondence address below	
<small>(Insert Customer No. or Attach bar code label here)</small>					
Name	Susan S. Jackson Clariant Corporation				
Address	Industrial Property Department 4331 Chesapeake Drive				
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Country	US	Telephone	704-331-7400	Fax	704-331-7598

Name (Print/Type)	Susan S. Jackson	Registration No. (Attorney/Agent)	41,302
Signature	<i>Susan S. Jackson</i>	Date	February 19, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="margin: 5px 0 0 20px;"><i>Patent fees are subject to annual revision.</i></p>		Complete if Known	
TOTAL AMOUNT OF PAYMENT \$710.00		Application Number	To Be Assigned
		Filing Date	Concurrently Herewith
		First Named Inventor	Matthias KRULL
		Examiner Name	To Be Assigned
		Group Art Unit	To Be Assigned
		Attorney Docket No.	1997DE403C/CIP

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																																																								
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 03-2060</p> <p>Deposit Account Name: Clariant</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status See 37 CFR § 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Susan S. Jackson	Registration No. (Attorney/Agent)	41,302
Signature	<i>Susan S. Jackson</i>	Telephone	704-331-7400
		Date	February 19, 2001

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